YLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND 14672 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceasad livad, If institution: Rasidence before admission) a. COUNTY b. COUNTY ARVLAND MARYLAND MORCESTE b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give gearest town) 1. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS ON A FARM YES NO 3. NAME OF 4. DATE Middle Last Month Dey DECEASED OF (Typa or print) THARDS DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) FARMIE A ATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (If yes give war or datas of sarvice 18. CAUSE OF DEATH [Entar only one cause per lina for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immediata ceusa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLE O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm,) 20f. (City or lown) (County) (Stata) factory, streat, offica bldg., atc.) While Not While Hour a.m. at work at work D.M. 21. I certify that (I) (this hospital) attended the deceased from., saw the deceased alive on.... 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. MD 22c. PHYSICIAM'S 22d ADDRESS 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stata) NAME OF CEMETERY OF CREMAT REMOVAL (Specify 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS arthur S. Trans

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14673

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1. PLACE OF DEAT a. COUNTY	н	IDIO LOS ALCONO		E (Whera daceasad lived, If institutions	Residenca before admission)
0. 000	Worcester	MARYLAND	a, STATE	b. COUNTY	
	(if outside corporate limits, d giva naarast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN THE	vland outside corporata limits, writa RURAL	arcaster.
	Snow Hill		Snow H		
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in h	ospital, giva street address)	d. STREET ADDRESS		a. IS RESIDENCE
R.F.D.	. 2 Snow Hill		R.F.D. 2	Snow Hill Month	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Year
(Type or print)	Lucile		lonk	DEATH_	4 19 eT
5. SEX	6. COLOR OR RACE 7. MARR	NED NEVER MARRIED 18	Lark DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
_	WIDOW		almit	last birthday) Months	Days Hours Min.
	TION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County		TIZEN OF WHAT COUNTRY?
	orking lifa, avan if ratired)				
13. FATHER'S NAME	stic		*#88878	*Florida U.	S.A.
IS. TATTIER S NAME			14. MOTHER'S MAIDEN N	Unknown	1 : 111
Unkno			成然对你也是本 电压力台	这种种种种的,为为外外的	如此你们中少少也然然本
	VER IN U.S. ARMED FORCES? 16 (Ifyasgivawarordatasofsarvice)	S. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	11/16
No.		792	We allen	RZD9 Lason	w Hill And
18. CAUSE OF	DEATH [Enter only one cause per	r lina for (a), (b), and (c).]	^	1111102 2000	INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	is current of	treast un	the Widespread	ONSET AND DEATH
1500	/	The state of the s	· recor 200		, 9
170	DUE TO	meta	stases		lyso
Conditions, if an	101				
(a), stating that	DUE TO				
causa last.	(c)				
Z PART II. OTHE	R SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
K I					YES NO
OR CONTRIBUTING	VAS UNDERLYING 20b. DI	ESCRIBE HOW INJURY OCCURED	. (Entar natura of injury in Pa	art I or Part II of itam 18.)	
		I, INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, farm,	' 2Df. (City or town) (Co	ounty) (Stata)
20c. TIME OF INJU	Wh	ilaNot Whila fact	ory, street, office bldg., etc.)	251. (City of lowin)	(3)0107
Pilli	17	ork at work			
21. I certify	that (I) (this hospital) attg	inded the deceased from	11 - 27, 1	96/, 10 /2 -4 , 19	9.6., that (I) (we) las
saw the decea	sed alive on	/ 19.6/ and that	death occured at	M, from the causes and on	the date stated above
22a. SIGNATURE	2 2 0	1			22
1	Day 4. She	eles of An "		ED. STAFF RECTOR PHYS.	12/60
22c. PHYSICIAN'S	3	/ / m	22d. ADDRESS	,	1/
NAME (Type	0) 4 1 / 4 1 1 1 6	Sully, Sr. 76	Be	Min. Md	
	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cour	nty) (Sfale)
Burial (Specify	12/9/ 1961	Baptis		Snow Hill	Md.
24 FUNERAL DIRECTO		ADDRESS	25a. REC'	R BY REGISTRAR 256. REGISTRAR'S	AVA THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED
11.1.	- V-1-1-1	00%	STAN DATE	DEC 13'61 Chatha	1 S. Kramer
deritor of	silvas	Jaken.	/// DATE		February

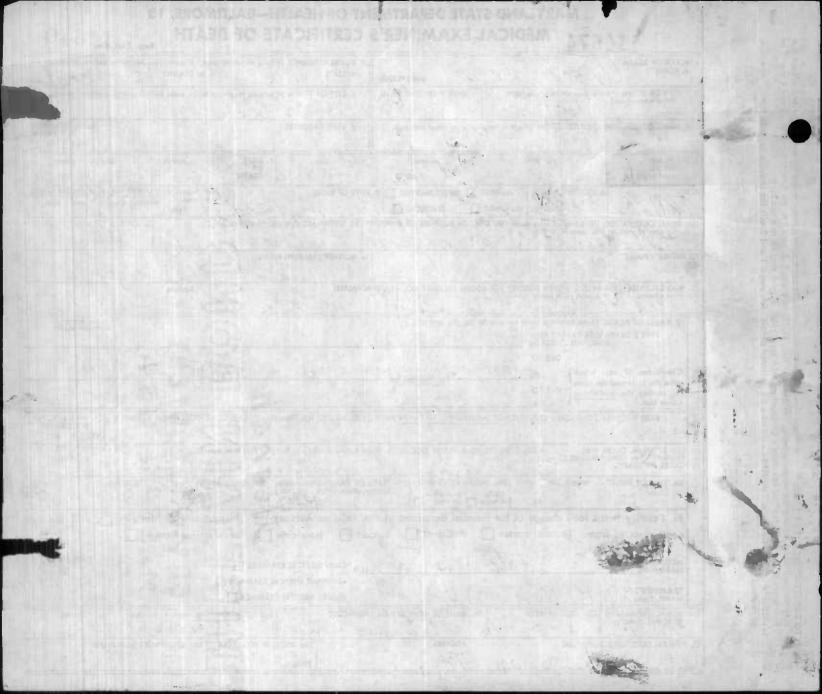
director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages I and 2 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15 (4) 9/60

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND SENGTH OF STAT IN 16 b. CITY OR TOWN (If outside corporate limits c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) and give nearest town! d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARME YES NO P NAME OF 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS Months Days Hours WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sigle of foreign country) during most of working life, even if ferried) 12. CITIZEN OF WHAT COUNTRY? del 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NQ [20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natyte of injury in Part or Part II of item 18.) Exam Should Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, While Not white factory, street, affice bldg., etc.) 20c. TIME OF INJURY 1/20f. (City or town) (County) Medical | Page 3 sh Not while ! o. m. of work of work 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection , Inquiry 7 and find that led to the Chief ! death resulted fram: Natural causes . Accident Suicide | Hamicide 7 Undetermined cause ACTUAL DATE SIG CHIEF MEDICAL EXAMINER forworded to ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER OT NAME (Type) 22CONAME OF CEMETERY OR CREMATORY 220 BURIAL, CREMATION, 226. DATE THEREOF 22d. LOGATION (City, tawn, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATEC 2 9 Euching a. 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a COUNTY Worcester MARYLAND Marvland Worcester b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Bi shop Bishops yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES X NO completely 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH 19 67 Minnie Hignutt December 18 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Female WIDOWEDX DIVORCED 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife own home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kendal S. Powell Fannie Patev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) no Grace Hudson Bishops, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular thrombosis DUE TO (b) generalized arteriosclerotic disease geva rise to Immediate ceuse DUE TO (e), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? none NO X 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) none 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) Month, Day, Year (County) fectory, street, office bldg., etc.) Not While Hour a.m. et work p.m. 21. I certify that (I) (this hospital) attended the deceased from September., 161., to December, 1961, that (I) (we) last saw the deceased aliveron. December 69.61, and that death occurred at... 52M, from the causes and on the date stated above ATTENDING 12-18-PHYS. DIRECTOR PHYS. 22d. ADDRESS E. Gantz Jr. St. Berlin, Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0.58 12-20-61 Odd Fellows Bishopvilee. L DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE 2 2 '61 R A15 (4) 5M 9/60

Hom: E . Labitue et mil CONTRACTOR OF FACILITY Pladfrenda resuptor Sagetteed The state of the s What I do to the control of the cont

and A forwarded to the DIRECTOR: 0 A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY Worcester Maryland Worcester MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural-Pocomoke City Rural-Pocomoke City vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? R.F.D. YES NO 3. NAME OF First Middla Lest 4. DATE Month Day Year DECEASED (Type or print) ELIZABETH HILL DEATH 19 1967 VIRGINIA December Blast birthday) 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. ruale WIDOWED X DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Housewife Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George R. Tawes unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT AddresVirginia Road (Yes, no, or unkown) | (Ifyasgivewerordetesofservica) Mr. Ryland M. Hill, Pocomoke City, Md. None 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY PERFORMED? NO Y 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (State) While Not While factory, street, office bldg., etc.) Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion Natural causes XI Suicide Undetermined manner death resulted from: Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Addrass (Streal, city, town, or county) Pocomoke NAME (Typa) 22c. NAME OF CEMETERY OF SEMANDOWY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) Burial

Parksley

City.

Pocomoke

Parksley,

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Md . | DATE DEC 2 6 '61 Cirching S. Thous

Telline Division in and less than the same of the THE REPORT OF THE PARTY OF THE PARTY westernowofe the La-11-11 Into La Colore Control of the Lat.

FOR STATE **HEALTH DEPT** TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an calay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the fungal-director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS-Rage 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stait bear of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11.677 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4AGA ?

1 4 1) 4	14040
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
b. CITY OR TOWN (if outside corporate limits,	e. STATE AY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
BERILD (RURAL) WICS	X BERLIN (RURAL)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edd) R+ # Box 38	ON A FARM?
3. NAME OF First Middle	Lest 4. DATE Month Day Year
DECEASED (Type or print)	Lee, III OF DEATH December 17, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
A IN WIROWED TO DIVORCE	less biringey) Months Deys Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF	21000 31101
done during most of working life, even if retired)	INARMIAND U.SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY LEE JYZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N	BERNADINE Short
(Yes, no, or unkown) (If yes give were or detes of service)	HENRY LEE JE, BERLINIAND
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (i).]
PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Acute pulmo	nary edema
/LIGIV DUE TO	Trans 1 Constitution of the Constitution of th
Conditions, fony, which (b) acute bronc	hopneumonia 1 day
geve rise to immediate cause (e), stating the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
[F]	PERFORMED? YES NO X
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	CURED. (Enter neture of injury in Pert I or Pert II of item 1B.)
20c. TIME OF INJURY Month, Dey, Yeer While Not While of work et work	20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I took charge of the remains described at	pove, held an Autopsy , Inspection , Inquiry x, and in my opinion
death resulted from: Natural causes , Accident ,	Suicide , Homicide , Undetermined manner
(1) 1/1/	CHIEF MEDICAL EXAMINER
SIGNATURE COUNTY James	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Snc	TOW HILL DEPUTY MEDICAL EXAMINER 12 -18-61
NAME (Type) Robert C. LaMar, M. D., Mar	y Lattu Address (Street, city, lown, or county)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEM	ETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
BuriA1 112-18-61 NEW B	
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DEG 2 7 '61 Children & Hanne
Thorn tow Bidelley, SAlisbury	Marie DEG 2 7 61 Chilun S. Thomas
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14678

CERTIFICATE OF DEATH

14644

									-
1. PLACE OF DEATH	i			2. USUAL RESID	ENCE (Where			ence before	dmissi
	rcester		MARYLAND	e. STATE	yland	b. COUN	Worce	gter	
b. CITY OR TOWN (if outside corporete limits,	c. L	ENGTH OF STAY IN 16			orporete limits, write	RURAL end giv	e neerest tov	vn)
	yv 111e	31.0	Life	X	Whaley	ville			
d. NAME OF HOSPI	TAL OR INSTITUTION (if no	t in hospitel,	give street eddress)	d. STREET ADDR				a. IS R	
	xx			1	RFD				A FARM?
3. NAME OF	First		Middle	Lest	4. DAT	E Month	De	-	-
(Type or print)	HORACE	W.	LITTLET	ON	OF DEA'		0. 196	7 19	
5. SEX	6. COLOR OR RACE 7.	MARRIED T	NEVER MARRIED	. DATE OF BIRTH		9. AGE (In yeers			24 HRS.
Male		IDOWED [DIVORCED [April 3.	1886	lest birthdey) 75 yrs.	Months Days	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work	10b. KIND O	F BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State,	or foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
Farmer	rking lifa, even if retired)	Own	farm	Marvla	nd		THEN A		
13. FATHER'S NAME		-1111	T CLI III	14. MOTHER'S MAI			UBA		
J	ohn W. Litt	let on							
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	7 16. SOCI	AL SECURITY NO. 17.	Elen CC	OPET	Address			-
(Yes, no, or unkown) (I	fyes give wer or detes of service	ce)							
XX	XX		34-3108	Mrs. Ella	Lewis	Bishop	, Md.	INCOLUMN DE	
	EATH [Enter only one cau H WAS CAUSED BY:	se per line for	(e), (b), end (c).]		0 -	~		NTERVAL BET	
TAKI I. DEAI	IMMEDIATE CAUSE (e)	arcm	ona of Pr	retate Gla	and c	melastor	ca.	year	V
177X	DUE TO							0	
Conditions, if eny	which) (b)								
geve rise to immedi	DILLE TO								
(a), steting the u	nderlying								
	R SIGNIFICANT CONDITION	NS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO THE TE	RMINAL DISEA:	SE CONDITION GIV	'EN IN PART 1(e)	19. WAS A	UTOPSY
2				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				PERFC	RMED?
<u> </u>								YES	NO I
OR CONTRIBUTING	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE	HOW INJURY OCCURED). (Enter neture of injur	y in Pert I or Pa	f II of item 18.)			
ZOC. TIME OF INJU	RY Month, Day, Year	20d. INJUR		CE OF INJURY (Home,		City or town)	(County)		(State)
Hour e.m.	-		Not While fec	tory, street, office bldg.	, etc.)		Manager,	_	_
,,,,,,	19			C 211		12 /			
	hat (I) (this hospital)								
	sed alive on 12 -	10	19.6.1, and that	death occured a	KEROM, fr	om the causes	and on the	date state	
220. SIGNATURE	11)			ATTENDING	MED.	STAFF		27(GNED
Gran	Remo		N	I.D. PHYS.	DIRECTOR	PHYS.	12-	11-61	
22c. PHYSICIAN'S				22d. ADDRESS					
NAME (Type)	Frank R. I	Lewis	M.D.	Wil	lards,	Maryland	L		
	ON, 236. DATE THEREOF	23 c.	NAME OF CEMETERY	OR CREMATORY	23d. LC	CATION (City, to	wn or county)	(5	tete)
Bur 121	12/13/6	1	Dile		Wha	aleyvil]	le, Md.	200	
24 FUNERAL DIRECTOR		//	ADDRESS	1 / 25e.		ISTRAR 256. RE		ATURE	-
Total	Whales	11 11	Marillo x	U.S. DATI	DEC 1	3 161	I would do	Trate.	
- wit	1 Jany	or con	fuces, ~	DAII	VLG	3 4	Comment	A Thank	-

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FOR STATE

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Medical or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1 2 USUBL RESIDENCE (Where deceased lived, If institution: Residence before edmis-

14679	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	

Worcester MARYLAND	• STATE Maryland b. COUNTY Worcester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural-Pocomoke City c. LENGTH OF STAY IN 1b about 5 weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 42 Pocomoke C1ty
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS
Hillman Road	Clarke Avenue Ext.
3. NAME OF First Middle	Lasi 4. DATE Month Dey Yeer
DECEASED (Type or print) CARLTON WILLIAM	MEARS OF about 15 1961
	MEARS December 15 1961 B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	lest birthdey) Months Days Hours Min.
Male White WIDOWED DIVORCED	Oct. 15,1926 35 yrs. 100
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
Laborer Day Labor	Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles T. Mears	Mae Ann Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyes give wer or detes of service)	INFORMANT Address
Yes Korean Ch	narles T. Mears, Pocomoke City, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)	177 / Pa, O INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which geve rise to immediate cause (e), stating the underlying Cause last. Cause last.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS
aleololism,	PERFORMED? YES NO
	(Enter neture of Injury In Pert I or Pert II of item 18.)
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) ctory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	eld an Autopsy 🔲, Inspection 📈, Inquiry 💢, and in my opinion
death resulted from: Natural causes . Accident . Suid	cide N. Homicide . Undetermined manner
ACTUAL SIGNATURE SIGNATURE SIGNATURE	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINERS Robert C. La Mar, M. D.	DEPUTY MEDICAL EXAMINER \
220. BURIAL, CREMATION, 226. DATE MEREOT MET22c. NAME OF CEMETERY OF REMOVAL (Specify)	
	Methodist Wattsville Virginia
	y, Md. OATE JAN 24 162 Cutus S. Kraus

STERNING - I STERN CONTRACTOR OF STREET 35 15.1926 35 G ANTHONY STANLES STANLE OF A SECURE OF THE PROPERTY OF TH Margara and Barnarah, Berbesthall Co-85-6. Lague the residence in the second second second by the second

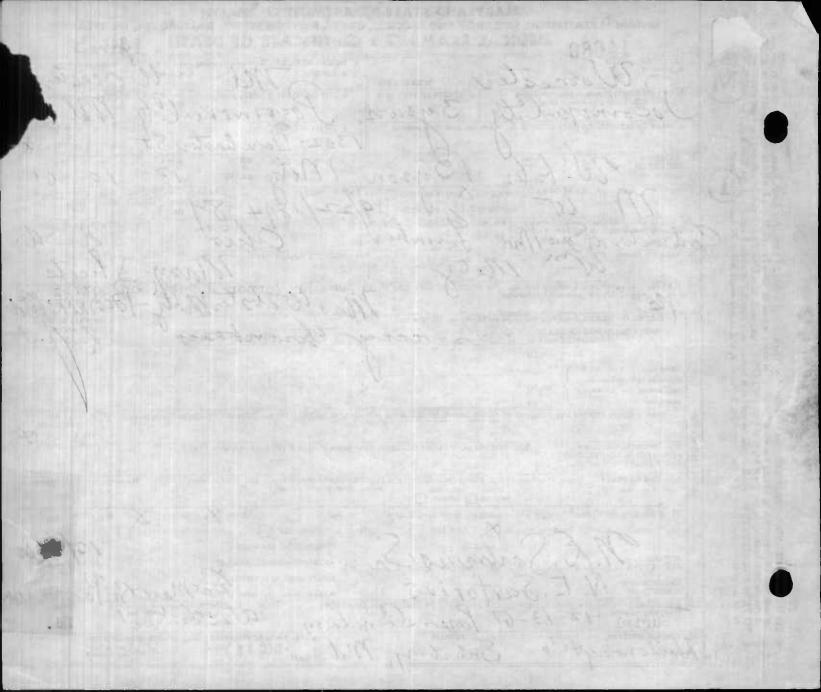
FOR STATE HEALTH DEPT TO DE. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any depenses execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral cardior. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after leath. VS. AISME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINED'S CERTIFICATE OF DEATH A 4 C # F

	TARA MEDICAL EXAMINER'S CERTIFICATE OF DEAT	12045
<	1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased live	
	Maryland O. STATE M.S. b. C	count ocester
4	b. CLTY OR TOWN (if outside corporate limits) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits,	write RURAL and give peacest town)
П	Joennolle (itia System) from the	City Illi
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in bespital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
1	1 6 1302- Parchester	ON A FARMI
		Month Dey Year
	(Type or print) Office Death	12 10 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAJE OF BIRTH 9. AGE (In)	yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	Jacob Spiritor	day) Months Deys Hours Min.
	10a. USUAL OCCUPATION (Gineshind of work 10b KIND OF VISINESS OF MANUSTRY) 13 BIDTHY ACK (Stranger Lawring)	12. CITIZEN ON WHAT COUNTRY?
7	docaduring mouth working be, even if reside	11:
9	13. FATHER'S NAME 7 14. MOTHER'S MAIDEN NAME 7	
	W- Mita	son Charta
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Vernon By Mag	Son Box#85
	(Yes, no, a unkown) ((Ifyesgivewarordatesofservice)	If Proposition, Per
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),	of Josephan
П	PART I. DEATH WAS CAUSED BY:	ONST AND TEATH
	IMMEDIATE CAUSE (a) Contary (grant of als	from
	DUE TO	
	Conditions, if any, which gave rise to immediate cause	
	(a), sleting the underlying DUE TO	
3	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTING OF CONTRIBUTION	GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	S CALLES WAS A CONTROLLED ON THE STATE OF TH	YES NO Y
4	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING	
	20c. TIME OF INJURY Month, Dey, Year Hour a.m. While Not While Strong at work 10 at work	(County) (State)
	p.m. 19 at work et work	
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, In	quiry and in my opinion
	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermine	d manner
	CHIEF MEDICAL EXAMINER	12/11/61
	SIGNATURE / A / O AND LULS ON M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S ALL S DEPUTY MEDICAL EXAMINER (u aD su
10	NAME (Type) / Address (Street, city, town, or county)	arket of ocomek, 12
	22e, BURIAL CREMATION, 22b. DATE THEREOF 22cy NAME OF CEMETERT OR CREMATORY 22d. LOCATION CHY	lown or country) (State)
	Burial 1 13-61 Jarpons emelong Octor	nico Ma.
	23, FUNERAL DIRECTOR ADDRESS DEC 1 5 '61 ADDRESS OF ADDRESS OF ADDRESS DEC 1 5 '61	REGISTRAR'S SIGNATURE
	Hollow try Delisbury 11d DATE DEC 15 01	athen S. Krays



TO HOSP L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

4 may be retained by the hospital or attending physician.

5 TO FUNDARL DIRECTOR: After this certificate has been signed by the attending physician and completely by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Tages 1 and 2 chould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafn. 15M 9/60

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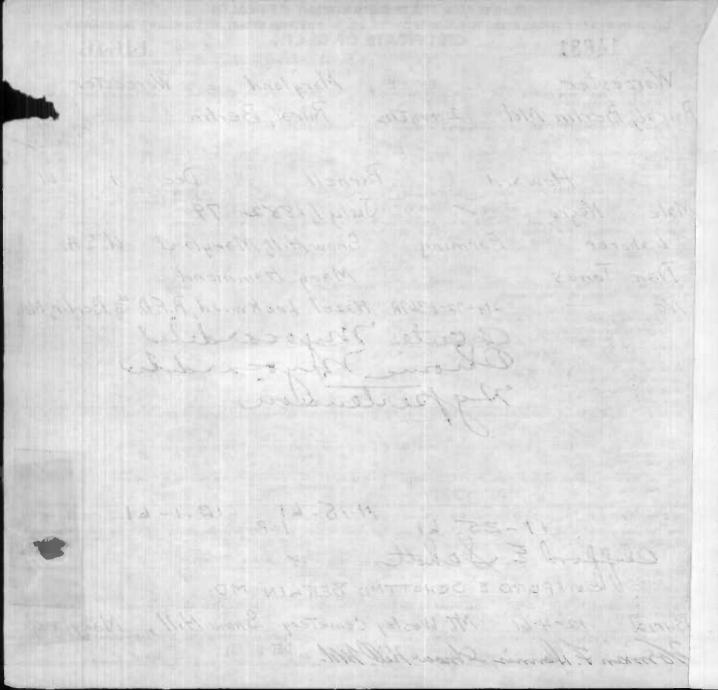
15. (Yas

MEDICAL CERTIFICATION

23a.

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MARYLA	ND STATE DEP	ARTMENT O	F HEALTH		
DIVISION OF STATISTICAL RESEARCH	AND RECORDS, 3	OI W. PRESTO		LTIMORE 1, MA	RYLAND
14681	CERTIFICATE	OF DEATH		146	546
LACE OF DEATH	2	. USUAL RESIDEN	CE (Where deceased		esidenca before edmission)
Worcester	MARYLAND	Marula	nel	Worce	ster
	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete li	mits, write RURAL and	give nearast town)
ural Berlin Md	2 months	X Kural	Berli	7	
. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
					YES NO
JAME OF First	Middle	Lost	4. DATE OF	Month	Day Yeer
EX 6. COLOR OR RACE T MARRIED		rne//	DEATH	Dec	196/
1 1 AA	THE VER MICKELED	ATE OF BIRTH	y. AGE		YEAR IF UNDER 24 HRS. eys Hours Min.
USUAL OCCUPATION (Gird kind of work 10b. KIND O	DE BUSINESS OR INDUSTRY	11. BLETHPIACE (Coun	ity & State, or foreign	yrs. 12 CITI7	LEN OF WHAT COUNTRY?
during most of working life, even if retired)		C //			// C A
Laborer Fari	ning	MOTHER'S MAIDEN	MAME MARY	land b	1, 5, A,
D. T.				/	
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCI	AL SECURITY NO. 17. INF	ORMANT 4	Hammon	7 C Address	
no, oyunkown) (Ifyasgivewarordetesofservice)	33-63670 A	lazel Lo	· Kunned	R.F.D. 3	Balia Nel
18. CAUSE OF DEATH [Enter only one cause per line for	(e), (b), end (c).]	9201 60	ekwood	, 111,0,0	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Os le	mieon	card	ele	ONSET AND DEATH
443 DUE TO) .	5 7		. 4	
Conditions, if only, which \ (b)	Low	May	ocar	deley	
geve rise to immediate cause (a), stating the underlying DUE TO	0				
cause lest. (c)	great	Rudelo	w	Design Service	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ING TO DEATH BUT NOT F	ELATED TO THE TERMIN	NAL DISEASE CONDI	TION GIVEN IN PART 1	1(a) 19. WAS AUTOPSY PERFORMED?
					YES NO
OR CONTRIBUTING [] CAUSE OF DEATH	HOW INJURY OCCURED. (E	nter nature of injury in	Part I or Part II of iten	18.)	
IF EITHER, NOTIFY MEDICAL EXAMINER)					
		OF INJURY (Home, fern , street, office bldg., etc		rn) (Count	ty) (State)
p.m. 19 at work	at work		1		
21. I certify that (I) (this hospital) attended		,	19, to./		, that (i) (we) last
saw the deceased alive on.	19	eath occured att.	R.I.M, from the	causes and on th	e date stated above.
220. SIGNATURE	nlat		MED. STA		SNED SNED
22c. PHYSICIAN'S	enou M.D.	PHYS. 22d. ADDRESS	DIRECTOR PHY	<u>э. П</u>	
NAME (TYP) ELIFFORD E	SCHOTTMO	BERLI	N MD.		
	NAME OF CEMETERY OR			(City, town or county)	(Stata)
Surial 12-4-61 1	It, Wesley (emetery	Show	14:11	Maruland
UNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC		256. REGISTRAR'S SI	
Mrs 2111 : C	1 . 1/4/	SULL DE	C 5 '61	(1 11 0 1	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{1}{2} \in \text{TO FUNERAL DIRECTOR:}\$ After this certificate has been signed by the attending physician and completely filled in by the

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COLINTY b. COUNTY ORCESTER b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outs de corporeta limits, write RURAL end give neerest town MARYLAND c. LENGTH OF STAY IN 16 write RURAL and give nearest town) FAN CEAN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street edgress) a. IS RESIDENCE ON A FARM? YES T NO TO 3. NAME OF First Middle 4 DATE DECEASED OF (Type or print) DEATH LUILLIN 1961 9. AGE (In years 1 IF UNDER 1 YEAR) IF LINDER 24 HRS lest birthday) House Min WIDOWED T 10e. USUAL OCCUPATION (Give kind of work eve 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRYS done during most of working life, even if ratired) any ONTRACTUR 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 1 17 INFORMANT WORLD WHEIL 1219-03-003 18. CAUSE OF DEATH [Enter only one cause per mp for (e), (b), end (c). or PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) cremation, DUE TO Conditions, if eny, which gave rise to immediate cause DUF TO (e), stating the underlying cause fest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY as PERFORMED? 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert t or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Health 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (Stete) Hour a.m. While Not While fectory, streat, office bldg., etc.) at work et work p.m.) that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 4... saw the deceased alive on () 22a. SIGNATOR PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d DDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 1 23b. REMOVAL (Specify) 12 ERLI VERGREEN 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 15 (4) 9/60 DATE JAN 4

DRESTON STREET, BALTIMORE 1.

DIVISION OF STATISTICAL RESEARCH AND

24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w the hospital or TO HOS A death.

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been signed by the attending physician and completely fi

AL DIRECTOR: After this certificate

DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1 m G305 1/22/62 iwk.

2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) PLACE OF DEATH e. COUNTY e. STATE b. COUNTY MARYLAND Worcester Maryland Worcester

c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Snow Hill Snow Hill d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, givestreat address) a. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED OF (Type or print) DEATH Learh W. Spencer IF UNDER 24 HRS. December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday Months WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Domestic Maryland U.S.A. 13. FATHER'S NAME Joseph Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMAN (Yes, no, or unkown) | (If yes give war or detes of service 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 21, 1961, to Dec 31, 1961, that (1) (we) last19. 6/., and that death occurred at. 3. P.M., from the causes and on the date stated above. saw the deceased alive on...... Dec 3. 22e, SIGNATURE ATTENDING. MED. STAFF DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Eurial 196 Ebenizer Snow Hill ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE arthur & Headen DATE

MARYLAND STATE DEPARTMENT OF HEALTH

INGE 280 8854C . techen . Stead .100 SET SELKL